

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90010 034 ***150.00

DOCUMENT # P96000012373

1. Entity Name
DENA RAFATI, INC.



Principal Place of Business
**786 HWY 100
STARKE, FL 32091**

Mailing Address
**P.O. BOX 1749
KEYSTONE HEIGHTS, FL 32656**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05142004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3358486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAFATI, HOMAYOUN
786 HWY. 100
STARKE, FL 32091**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ABBASZADEH, MOJGAN
STREET ADDRESS 592 SE 31ST WAY
CITY-ST-ZIP MELROSE, FL 32666

TITLE STD ☐ Delete
NAME RAFATI, HOMAYOUN
STREET ADDRESS 5925 E 31ST WAY
CITY-ST-ZIP MELROSE, FL 32666

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Rafati
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May-15-04

352-473-0431

Date

Daytime Phone #

14022847

Attachment

#P96000012373

To whom it may concern,

Mr. Rafati never recieved notice
of renewal in the mail. My CPA
also did not recieved renewal cards.

I contacted your office and was
informed that the 550.00 penalty would
be waived. I was told to send in the
amount owed only. May 19 4

Homayoun Rafati
Mojgan Abbaszadeh